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Washington, D.C. -- The Department of Veterans Affairs (VA) today announced the integration of two Southern California VA health-care systems -- the West Los Angeles VA Medical Center and the Southern California System of Clinics, creating the largest intra-network VA regional healthcare system in the country.

With an annual budget of almost one-half billion dollars a year, the new integrated system will be called the VA Southern California Health Care System. The new system is part of the VA Desert Pacific Healthcare Network, which serves Southern California and Nevada.

VA's Southern California Health Care System will include the greater part of Los Angeles, Ventura, Santa Barbara, Kern, and San Luis Obispo counties. When integration is fully completed, it will serve roughly one out of every 30 veterans in the United States.

"I believe that we have established a solid foundation for a fully integrated health-care system. By combining the resources of these two California entities. VA will be in a better position to improve quality of and access to care, as well as to increase efficiency for VA patients," said Kenneth W. Kizer, M.D., VA's Under Secretary for Health.

This latest VA integration will create opportunities for improving performance on patient-based services, while preserving the diverse academic and research interests of the two institutions to be combined. The new system will continue to be affiliated with the University of California at Los Angeles and the University of Southern California and will conduct one of VA's most vigorous research programs.

All primary, ambulatory, acute, inpatient, and long-term care elements of the two facilities' patient referral systems will be combined. The system is expected to serve more than 75,000 veterans at 12 facilities and receive almost one million patient visits per year. California's overall veteran population is approximately 2.8 million.

The creation of the VA Southern California Health Care System follows the successful experience of 44 other VA medical facilities that have integrated at 21 locations throughout the United States in the last two years.

"Improved patient services, access and quality of care are the driving forces behind this reorganization." Overall, facility integration enhances clinical services and preserves programs in these fiscally constrained times," Kizer added.